

# Office of the Attorney General State of Texas



Child Support Division

### PATERNITY INFORMATION GATHERING

Form Sequence Number:

I. INFORMATION ABOUT YOU (THE MOTHER OF THE CHILD)

**Application Sequence Number:** 

IF YOU ARE NOT THE MOTHER OF THE CHILD OR IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL OUR OFFICE AT:

SI USTED NO ES LA MADRE DEL NIÑO O SI NECESITA ASISTENCIA PARA COMPLETAR ESTE FORMULARIO, POR FAVOR LLAME AL NÚMERO:

	(Please Print All Informat	ion)				
1.	Your full legal name	First,	Midd	Your maiden name		
2.	What is your relationship to the o	:hild(ren)?				
3.	Your mailing address  Address			City	Ctata	ZIP Code
				City	State	ZIP Code
4.	Your physical address/telephone	number Street				City
	State	ZIP Code		County	Tele	ephone Number
5.	Your employer's name/telephone	number/address				
			Name		Te	lephone Number
	Address		City	State		ZIP Code
6.	Please provide the following info	rmation about yourself:				
	Date of Birth	Birthplace (city and state	e)		Social Securi	ty Number
	Driver License or ID number (include state	<u> </u> e)		Sex	Race	
	Height	Weight		Hair color	Eye color	
	List any physical or mental impairments,	medical problems, etc.		What is your language preference □English	e? (check one only) □Spanish	ı
	List identifying information (for example, g	glasses, scars, tattoos, marks	s, etc.)			
7.	Give information where we can o	ontact you other than h	nome:			
	Relationship to you	Name			Telephone Number	
	Address		City		State	ZIP Code
	Relationship to you	Name			Telephone Number	
	Address		City		State	ZIP Code
8.	Are you currently receiving TANI	F (welfare) benefits?	□Yes □	No Have you received TAN	NF benefits in the pas	t? □Yes □No
	If yes, list all dates:					
q	Are you or the children receiving			ves please provide the Medic	aid number	
						of aganay or
U.	Do you have another attorney or	agency neiping you wit	.ii your chiia st	ippoit case? Lifes Li No	ii yes, iist the name o	n agency of
	attorney and address:					
1.	Are you pregnant now? □Yes	□No If yes, who is	s the biologica	I father?		
	When is the baby due?					
	virion is the baby due:					

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Husband's Name	Date of Marriage	Common law marriage	or marriage license?	Date	of separation	Date of divorce
Husband's Name	Date of Marriage	Common law marriage	or marriage license?		of separation	
INFORMATION (Please Print A	ABOUT THE BIOLOG	ICAL FATHER OF T	HE CHILD			
His full legal name			Alias/N	icknames		
	Last,	First,	Middle Initial			
Present [ ] or last k	nown [ ] address/telephon	e number Address			Telephone	Number
City		State				ZIP Code
Current employer's	name/telephone number/a	ddressName			Telephone N	Number
Address		City		S	tate	ZIP Code
Previous employer's	s name/telephone number/a	address Name			Telephone N	Number
Address		City			State	ZIP Code
What is the date yo	u last knew he was with thing the monthly wages \$, what does he usually earn				c, fast food, et	c.) does he
What is the date yo Approximate curren If he is unemployed usually do? Answer His Description:	it monthly wages \$	n? \$ \	What type of work (plumb	per, mechani		
What is the date yo Approximate currer If he is unemployed usually do? Answer His Description: ate of Birth	it monthly wages \$, what does he usually earn even if he is unemployed.  Birthplace (city and s	n? \$ \	What type of work (plumb	per, mechani	c, fast food, et Social Security	/ Number
What is the date yo Approximate current If he is unemployed usually do? Answer His Description:	it monthly wages \$, what does he usually earn even if he is unemployed.  Birthplace (city and s	n? \$ \	What type of work (plumb	per, mechani		
What is the date yo Approximate currer If he is unemployed usually do? Answer His Description: ate of Birth iver License or ID nur	it monthly wages \$, what does he usually earn even if he is unemployed.  Birthplace (city and s	n? \$ \	What type of work (plumb	per, mechani		/ Number
What is the date yo Approximate currer If he is unemployed usually do? Answer His Description: ate of Birth river License or ID nur	t monthly wages \$, what does he usually earn even if he is unemployed.  Birthplace (city and some property and some property)	tate)	What type of work (plumb	Sex	Social Security	/ Number
What is the date yo Approximate curren If he is unemployed usually do? Answer His Description: ate of Birth river License or ID nur eight st any physical or mer	t monthly wages \$, what does he usually earn even if he is unemployed.  Birthplace (city and some find the interplace)  Weight	tate)  Hair color blems, etc.	What type of work (plumb	Sex	Social Security  Eye color  (check one on	/ Number
What is the date yo Approximate currer If he is unemployed usually do? Answer His Description: ate of Birth river License or ID nur eight st any physical or mer st identifying informati	t monthly wages \$, what does he usually earn even if he is unemployed.  Birthplace (city and some include state)  Weight  Ital impairments, medical products	tate)  Hair color blems, etc.  rs, tattoos, marks, etc.)	What type of work (plumb What is his language □English	Sex	Social Security  Eye color  (check one on	/ Number Race
What is the date yo Approximate currer If he is unemployed usually do? Answer His Description: ate of Birth river License or ID nur eight st any physical or mer st identifying informati	t monthly wages \$	tate)  Hair color  blems, etc.  rs, tattoos, marks, etc.)  Pure No If year	What type of work (plumb What is his language □English	Sex e preference?	Social Security  Eye color  (check one on	/ Number Race
What is the date yo Approximate currer If he is unemployed usually do? Answer His Description: ate of Birth iver License or ID nur eight st any physical or mer st identifying informati	t monthly wages \$	tate)  Hair color  blems, etc.  rs, tattoos, marks, etc.)  Pure No If year	What type of work (plumb  What is his language  □English  s, please include a photo  Location	Sex e preference? graph when	Eye color  (check one on  Spanish  you return this	/ Number Race ly)  form.
What is the date yo Approximate currer If he is unemployed usually do? Answer His Description: ate of Birth iver License or ID nur eight st any physical or mer st identifying informati	t monthly wages \$	tate)  Hair color  blems, etc.  rs, tattoos, marks, etc.)  Pure No If year	What type of work (plumb  What is his language  □English  s, please include a photo  Location	Sex e preference? graph when	Eye color  (check one on  Spanish  you return this	/ Number Race ly)  form.
What is the date yo Approximate currer If he is unemployed usually do? Answer His Description: ate of Birth iver License or ID nur eight st any physical or mer st identifying informati b you have a photogr Has he been in jail of Name	t monthly wages \$	tate)  Hair color  blems, etc.  rs, tattoos, marks, etc.)  Yes □No If yes  yes, Date □  □No If yes, please pr	What is his language □English  s, please include a photo Location ovide name of parole or p	Sex e preference? graph when City probation off	Eye color  (check one on  Spanish  you return this	Number Race lly)  form. State  State

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	List information about his vehicle: Y	ear of car/truck	Ma	ke
ı	Model	Color L	icense plate num	ber (include state)
. [	Does he own any land or have any s	substantial property or assets	? □Yes □No	If yes, list below:
F	Real estate	Registered vehicles (c	other than the on	e listed above)
F	Financial	Other		
. F	Please provide information about the	biological father's relatives:		
ı	His mother's name	His mother's maiden name		Telephone number
	Address	City	State	ZIP Code
_	His father's name			Telephone number
,	Address	City	State	ZIP Code
-	Friend or other relative's name	1		Telephone number
- 1	Address	City	State	ZIP Code
.	ls he a member of a union? □Yes	□No If yes, please provi	de name and loca	ation of union:
	Has he been employed by the federa	ll or state government? □\	∕es □No If yes	, what agency did he work for?
. 1	Has he been employed by the federa	l or state government? □\	∕es □No If yes was his job title?	, what agency did he work for?
.	Has he been employed by the federa  What high school/college did he atte	Il or state government?  What word?	∕es □No If yes was his job title?	, what agency did he work for?
. 1	Has he been employed by the federa	Il or state government?  What word?	∕es □No If yes was his job title?	, what agency did he work for?
. 1	Has he been employed by the federa  What high school/college did he atte	Il or state government?  What word?	∕es □No If yes was his job title? City	, what agency did he work for?  State ZIP Coo
. '	Has he been employed by the federa  What high school/college did he atte	If or state government?	∕es □No If yes was his job title? City whom did he marr	, what agency did he work for?  State ZIP Coo
. !	Has he been employed by the federa  What high school/college did he atte  Address of school  Address  Marital Status: Is he currently marrie	or state government?  What word?  DYes □No If yes, word?  Where did he get m	/es □No If yes was his job title?  City whom did he marr arried?	, what agency did he work for?  State ZIP Coo

MC:

#### PATERNITY INFORMATION GATHERING

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#### **Application Sequence Number:**

# III. INFORMATION ABOUT THE CHILD (Please Print All Information)

Relationship to you

1. Please complete the following information: Full legal name of child Middle Initial Last Date of birth Place of birth (city and state) Child's Social Security Number | Sex List any physical or mental impairments, medical problems, etc. Does the child live with you? Race Weight at birth (pounds and ounces) □Yes □No 2. Was this child born (check one) □early? □late? □on time? 4. Does this child have a relationship with the biological father? □Yes □No Do you want this child to have the biological father's last name? □Yes □No If no, why not: \_\_\_ Fathers have visitation rights with their children. Would you have any reason, such as family violence, to want to limit the father's rights to visitation with this child? If so, please list reasons and attach any proof you may have, such as police reports, criminal records, restraining orders, or names, addresses and phone numbers of witnesses. Is this child currently enrolled in a health plan? □Yes □No If yes, who is the provider? □Mother ☐ Alleged father □Other \_\_\_\_ What is the cost to cover the child? List amount: \$ \_\_\_\_\_ per \_\_\_\_ Effective date \_\_\_\_\_ Name/address of insurance company: City Address ZIP Code What is the insurance Group Number? \_\_\_ Policy Number? INFORMATION ABOUT THE MOTHER'S RELATIONSHIP WITH THE BIOLOGICAL FATHER (Please Print All Information) 1. When was the first time you had sexual intercourse with the biological father?\_ Dav Month What was the frequency? \_When was the last time? 2. Where did you live when you became pregnant with this child? State What was the date of conception? \_ 3. Did the sexual relationship occur in Texas? ☐Yes ☐No If no, then what state? 4. 5. Who knew of your relationship with the biological father (friends, neighbors, landlord, etc.)? Relationship to you Name Address

Name

Address

### **Application Sequence Number:**

IV.	INFORMATION ABO	OUT THE MOTHER'S R	ELATIONSHIP W	ITH THE BIOLOGICAL	FATHER (	continued)	
6.	Did the biological father ever admit to you or anyone that he is the father? ☐Yes ☐No						
	If yes, to whom?						
7.	When was the last ti	me you spoke to or saw	him?	Where?			
8.	What kind of relation	nship did you have with th	ne biological father	? □Date regularly □	∃Going to g	et married	
	□Living together If	so, how long?					
9.		ne father of this child? □ her of this child? □Yes		es, do you think he will :	sign the nec	essary papers to	
10.	Father's name as liste	ed on birth certificate				Please attach a copy.	
11.	Has the biological fa	ther ever visited this child	? □Yes □No	If yes, how often?			
12.	Do you have any lett to the letters.	ers of proof that the biolo	gical father is the	father of this child?	Yes □No	If yes, please hold on	
13.	-	her ever give money for bes. Keep receipts if you h		ds of this child? □Yes	□No If y	/es, please attach a list	
14.		e biological father know a No Visited this child? E		□Yes □No If yes, ha	ave they give	en the child gifts or	
15.	What is the current i	relationship between the	mother and the bi	ological father of the ch	ild?		
	□Never Married □Married □Divorced						
	Date of Marriage Ce	remony:	;	County:		St:	
16.	kind regarding this	r have any court order or have any court order or child please attach a copyide the following:	•				
	Date	Cause/Case number	County	State		Court	
17.		I actions pending that affec to this form. <b>If you are</b>			ovide the fo	ollowing:	
	Date	Cause/Case number	County	State		Court	
	Attorney name and	ı address:		Telepl	none Numbe	er	
18.	Did you have a sexu	al relationship with anyor	ne other than the	biological father, before,	during, or a	after 90 days of the	
	date that you becam	e pregnant with this child	? □Yes □No	If yes, when?			
	Name, address, and	telephone number of the	e person				
19.	Have you or any oth	er person ever named an	y other man as th	e father of this child? 【	⊒Yes □No	o If yes, who was	
	named?						

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# V. INFORMATION ABOUT THE PRESUMED FATHER (MOTHER'S LEGAL HUSBAND) (Please Print All Information)

PLEASE COMPLETE THIS SECTION IF YOU HAD A HUSBAND AT THE TIME (WITHIN ONE YEAR) OF THIS CHILD'S CONCEPTION OR BIRTH AND THE HUSBAND IS NOT THE FATHER OF THE CHILD.

Present   ] or last known   ] address/kelephone number   Address   Telephone Number   Telephone Number   Address   Telephone Number   Telephone Number   Address   Telephone Number   Telephone Nu	Present [ ] or last kn  City  Current employer's  Address	nown [ ] address/telephone	State	address		•
Address	City Current employer's Address		State address			•
City State Telephone number/address Name Telephone Number Address City State ZIP Code Previous employer's name/telephone number/address Name Telephone Number  Address City State ZIP Code  Address City State ZIP Code  Telephone Number  Address City State ZIP Code  His description:  Date of Birth Diver License or ID number (include state) Sex Race Height Weight Hair color Eye color  List identifying information for example, glasses, scans, tattoos, marks, etc.)  Do you have a photograph of the presumed father? Tyes Tho If yes, please include a photograph when you return this form.  What is the current relationship between the mother and the presumed father of the child? They married They are any court order (divorce order, paternity order, custody order, protective order, etc.) of any k regarding this child please attach a copy of the order to this form. If you are unable to provide a copy you must provide the following:  Date Cause/Case number County State Court  County State Court  County State Court  Are there any legal actions pending that affect the child listed above? Tyes Tho If yes, please attach a copy of pending legal action to this form. If you are unable to provide the following:  Date Cause/Case number County State Court  County State Court  County State Court	Current employer's  Address	name/telephone number/a	State address			•
Current employer's name/telephone number/address  Address City State ZIP Code Previous employer's name/telephone number/address Name Telephone Number  Address City State ZIP Code  His description:  Date of Birth Diriver License or ID number (include state) Seex Race Height Weight Hair color Eye color  List any physical or mental impairments, medical problems, etc.  List any physical or mental impairments, medical problems, etc.  Weight How I hair color  Do you have a photograph of the presumed father? Diver license or ID number (include state)  What is the current relationship between the mother and the presumed father of the child?  Diver Married Married Divorced Date of Marriage: County: St:  If you are divorced or have any court order (divorce order, paternity order, custody order, protective order, etc.) of any k regarding this child please attach a copy of the order to this form. If you are unable to provide a copy you my provide the following:  Date Cause/Case number County State Cause/Case number County State Court  County State Court  County State Court  County State Court  County Cou	Current employer's  Address	name/telephone number/a	address	ama		ZIP Code
Current employer's name/telephone number/address  Address City State ZIP Code Previous employer's name/telephone number/address Name Telephone Number  Address City State ZIP Code  His description:  Date of Birth Diriver License or ID number (include state) Seex Race Height Weight Hair color Eye color  List any physical or mental impairments, medical problems, etc.  List any physical or mental impairments, medical problems, etc.  Weight How I hair color  Do you have a photograph of the presumed father? Diver license or ID number (include state)  What is the current relationship between the mother and the presumed father of the child?  Diver Married Married Divorced Date of Marriage: County: St:  If you are divorced or have any court order (divorce order, paternity order, custody order, protective order, etc.) of any k regarding this child please attach a copy of the order to this form. If you are unable to provide a copy you my provide the following:  Date Cause/Case number County State Cause/Case number County State Court  County State Court  County State Court  County State Court  County Cou	Current employer's  Address	name/telephone number/a	address			5533
Name   Telephone Number   Telephone Number   Address   City   State   ZIP Code	Address	mame/telephone mumbel/		omo		
Previous employer's name/telephone number/address				anie		Telephone Number
Previous employer's name/telephone number/address						
Address City State ZIP Code  His description:  Date of Birth  Driver License or ID number (include state)  Driver License or ID number (include state)  Driver License or ID number (include state)  Weight Hair color Eye color  List any physical or mental impairments, medical problems, etc.  List identifying information (for example, glasses, scars, tattoos, marks, etc.)  Do you have a photograph of the presumed father?   Yes   No If yes, please include a   Approximate Birth Year    What is the current relationship between the mother and the presumed father of the child?    Never Married   Married   Divorced    Date of Marriage:   County:   St:    If you are divorced or have any court order (divorce order, paternity order, custody order, protective order, etc.) of any k regarding this child please attach a copy of the order to this form. If you are unable to provide a copy you misprovide the following:  Are there any legal actions pending that affect the child listed above?   Yes   No If yes, please attach a copy of pending legal action to this form. If you are unable to provide the following:  Date   Cause/Case number   County   State   Court    COMMENTS	Previous employer's		City		State	ZIP Code
Address City State ZIP Code  His description:  Date of Birth  Driver License or ID number (include state)  Driver License or ID number (include state)  Sex Race  Race  Height Weight Hair color Eye color  List any physical or mental impairments, medical problems, etc.  List identifying information (for example, glasses, scars, tattoos, marks, etc.)  Do you have a photograph of the presumed father? Dyes No If yes, please include a photograph when you return this form.  What is the current relationship between the mother and the presumed father of the child?  Date of Marriage: County: St:  If you are divorced or have any court order (divorce order, paternity order, custody order, protective order, etc.) of any k regarding this child please attach a copy of the order to this form. If you are unable to provide a copy you must provide the following:  Are there any legal actions pending that affect the child listed above? Dyes No If yes, please attach a copy of pending legal action to this form. If you are unable to provide a copy you must provide the following:  Comments		name/telephone number		lama		Talanhana Numbar
His description:  Date of Birth   Birthplace (city and state)   Sex   Race    Height   Weight   Hair color   Eye color    List any physical or mental impairments, medical problems, etc.  List identifying information (for example, glasses, scars, tattoos, marks, etc.)  Do you have a photograph of the presumed father?   Yes   No   If yes, please include a photograph when you return this form.  What is the current relationship between the mother and the presumed father of the child?      Never Married   Married   Divorced     Date of Marriage:   County:   St:    If you are divorced or have any court order (divorce order, paternity order, custody order, protective order, etc.) of any k regarding this child please attach a copy of the order to this form. If you are unable to provide a copy you misprovide the following:  Date   Cause/Case number   County   State   Court    Are there any legal actions pending that affect the child listed above?   Yes   No   If yes, please attach a copy of pending legal action to this form. If you are unable to provide the following:  Date   Cause/Case number   County   State   Court    COMMENTS			IN	anie		releptione Number
Date of Birth    Birthplace (city and state)	Address		City		State	ZIP Code
Date of Birth    Birthplace (city and state)	His description:					
Height Weight Hair color Eye color  List any physical or mental impairments, medical problems, etc.  List identifying information (for example, glasses, scars, tattoos, marks, etc.)  Do you have a photograph of the presumed father?		Birthplace (city and state)	ı		Socia	I Security Number
Height Weight Hair color Eye color  List any physical or mental impairments, medical problems, etc.  List identifying information (for example, glasses, scars, tattoos, marks, etc.)  Do you have a photograph of the presumed father?						
List any physical or mental impairments, medical problems, etc.  List identifying information (for example, glasses, scars, tattoos, marks, etc.)  Do you have a photograph of the presumed father?   Yes   No   If yes, please include a   Approximate Birth Year	river License or ID number (inc	clude state)		Sex	Race	;
List any physical or mental impairments, medical problems, etc.  List identifying information (for example, glasses, scars, tattoos, marks, etc.)  Do you have a photograph of the presumed father?   Yes   No   If yes, please include a   Approximate Birth Year						
Do you have a photograph of the presumed father?      Pyes	leight	Weight		Hair color	Eye	color
Do you have a photograph of the presumed father?						
Do you have a photograph of the presumed father?	ist any physical or mental impa	airments, medical problems, etc.				
Do you have a photograph of the presumed father?						
What is the current relationship between the mother and the presumed father of the child?    Never Married   Married   Divorced	ist identifying information (for e	xample, glasses, scars, tattoos, marks	s, etc.)			
What is the current relationship between the mother and the presumed father of the child?    Never Married   Married   Divorced						in to Birth Warr
What is the current relationship between the mother and the presumed father of the child?    Never Married   Married   Divorced			Yes □No If	yes, please include a	Approx	Imate Birth Year
Date of Marriage: County: St:	Tiolograph when you red	<u> </u>				
Date of Marriage: County: St:	What is the current	relationship between the r	mother and	the presumed father of t	he child?	
Date of Marriage: County: St:	□Never Married	ПMarried ПDiv	orced			
If you are divorced or have any court order (divorce order, paternity order, custody order, protective order, etc.) of any k regarding this child please attach a copy of the order to this form. If you are unable to provide a copy you me provide the following:  Oute Cause/Case number County State Court  Are there any legal actions pending that affect the child listed above?   Oute Provide the following:  Oute Cause/Case number County State Court  Oute Cause/Case number County State Court  Oute County State Court					_	
regarding this child please attach a copy of the order to this form. If you are unable to provide a copy you me provide the following:  Oute Cause/Case number County State Court  Are there any legal actions pending that affect the child listed above?   Oute Pending legal action to this form. If you are unable to provide a copy you must provide the following:  Oute County State Court  COMMENTS	Date of Marriage:	Co	unty:		St:	
Are there any legal actions pending that affect the child listed above?     Yes   No   If yes, please attach a copy of pending legal action to this form. If you are unable to provide a copy you must provide the following:    Cause/Case number   County   State   Court	regarding this chil	d please attach a copy of				
pending legal action to this form. If you are unable to provide a copy you must provide the following:  Oate Cause/Case number County State Court  COMMENTS	ate	Cause/Case number	County	State		Court
COMMENTS						
	ate	Cause/Case number	County	State		Court
		<u> </u>				1
Please Write any additional comments you may have.	COMMENTS					
		PP I				
		ditional comments you ma	ay have.			
		ditional comments you ma	ay have.			
		ditional comments you ma	ay have.			

Form Sequence Number:

**Application Sequence Number:** 

# VII. ENTIRE HOUSEHOLD PLEASE PRINT

### PLEASE LIST ALL YOUR CHILDREN THAT ARE IN YOUR HOUSEHOLD:

Full legal name (as shown on birth certificate):	Date of birth:	Name of biological father:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
_		
8.		
9.		
<b>v</b> .		
10.		
REQUIRED SIGNATURE		
I declare all information provided in this fo	orm is true and	correct.
the child. I understand that the Attorney		eral to obtain a decree establishing child support or ps does not represent me.
		<u> </u>
(Signature)		(Date)